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Application Number	19526,399	
Filing Date	3/2/5	
First Named Inventor	Gihert	
Title		
Art Unit		
Examiner Name		
Attorney Docket Number	14988 NIP	

I hereby revoke al	l previo	ous powers of attorney given	ven in the ab	ove-id	entified applica	ition.	
I hereby appoint:							
Practitioners associated with the Customer Number: 000293							
OR		•		_			
Practitioner(s) n	amed be	elow:					
		Name			Registration	on Number	
Ralph A. Dowel	I				268	868	
Wendy M. Slad	е				536	604	
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Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.							
Address Suite 406, 2111 Eisenhower Avenue							
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Country		US					
Telephone		703 415 2555		Fax	703 415 2559		
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record							
Signature - Re. Trand Court Date 2/3/7-05							
Name	B/	ARRE Bertrand				relephone	3/3/003
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
x *Total of 3 forms are submitted.							

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Application Number	10/526.399	
Filing Date	3/2/05	
First Named Inventor	Gibert et al	
Title		
Art Unit		
Examiner Name		
Attorney Docket Number	14948118	

I hereby revoke all previous powers of attorney given in the above-identified application.									
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✓ Practitioners as	Practitioners associated with the Customer Number:			000	293				
OR									1
Practitioner(s)	named be	low:							
	<u> </u>	Name			Registratio	n Number			
Raiph A. Dowe	:11				268	368			
Wendy M. Slad	ie			53604					ll
								5	<u> </u>
as my/our attorney(s) Trademark Office con		s) to prosecute the application erewith.	identified above	and to	ransact all busines	ss in the Un	inted State	s Patent an	
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Firm or	Firm or Ralph A. Dowell of DOWELL & DOWELL, P.C.								
individual Name									
71001000		Suite 406, 2111 Eisenhower	Avenue						
City		Alexandria		State	VA	2	Zip 2231	4	
Country		US							
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l am the:									ļ
Applicant Invertor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature		Frmus LEPP	165			Date	_3	13/200	کات
Name	Name LEPAGE Francis Telephone								
Title and Company									
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Application Number	10 526 399	
Filing Date	3/2/05	
First Named Inventor	Gibert et al	
Title	-	
Art Unit		
Examiner Name		
Attorney Docket Number	14988 NP	

I hereby revoke all previous powers of attorney given in the above-identified application.							
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	Practitioner(s) named be	low:					
		Name		-	Registratio	n Number	
	Ralph A. Dowell				268	368	
	Wendy M. Slade				536	504	
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Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR							
The address associated with Customer Number: OR O00293							
Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.							
Address Suite 406, 2111 Eisenhower Avenue							
	City	Alexandria		State	VA	Z	ip 22314
	Country	US					
	Telephone	703 415 2555		Fax	703 415 2559		
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Sign	ature	XAVIST 615	215V. L			Date	3/3/2005
Ь—	Name GIBERT Xavier Telephone						
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
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